U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2 OS DROD	
1. File Number U - 1537/	2. Fiscal Year Covered From:
	1/1/2004 Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name TIMOTHY L RILEY	Name LABORERS LOCAL # 96
·	Labor Organization File Number 022 614
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 800 ROOSEVELT RO	Street 800 ROOSEVELT RD
CITY GLEN ELLYN	CIN GLEN ELLYN
State <u>IL</u> ZIP Code + 4 60137-4	State IL ZIP Code + 4 C0137-4
5. Position in labor organization. BUSINESS MANAGE	Resum majer her reppingrope perminen til ring som til na av ser ergen sterning och sider. Ng significan i til net som ser signifikationer til ring som ergen sterning fand fall som ser er er er er er e Ar er
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Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
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City: And the members and about the payor has the condenses.	DI TODIGODIS OF SIDE M. 850, OF CAMPACAS
State ZIP Code + 4 by year in the excin	ejous 20((ભાષા ૧૩ () જાલાઝ ૧૦ મા
	किंछ प्रक्रिया महत्त्व पहिल्लाहरू प्रक्रियम मामुह कराहोते हुन पुर्व करता हुन स्व हुआ कराहु हो । । । । । । । । ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been examined by the signatory and is, to the best of the
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signed Turnothy d. Killey	on 8-1-05 630-469-3937
	Date Telephone Number

copy,

Name of Person Filing TIMOTHY L. RILEY	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name LECET Trade Name, if any: P.O. Box, Bidg., Room No., if any STE 302 Street 999 McCLINTOCK DR. City BURR RIDGE State IL ZIP Code + 4 60527 - 4 10. If 9.b. or 9.c. is checked give trust or employer's name. Name LECET	9. Business deals with: a. Labor Organization X b. Trust c. Employer 11.a. Nature of such dealing. SA FETY MEETING LUNCHEON				
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street QQQ McCLINTOCK DR.					
CITY BURR RIOLE	11.b. Approximate dollar value of such dealing. VNKNOWN				
Service and the control of the contr	12.a. Nature of interest held or income received.				
State F ZIP Code + 4 60337-4	LABOR - MANAGEMENT JOINT MEETING				
	LUNCHEON TO PROMOTE SAFETY TO MEMBERS OF LABORERS UNION				
	Mambas of moneols MIDIO				
	10.00				
	12.b. Amount. 49.00				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
Cib					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				

Name of Person Filing	-ilina	erson	of	Name
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TIMOTHY L RILEY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name LABORERS TRAINING & APPRENTICE FUND		
	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 1200 OLD GARY AVE		
CILY CAROL STREAM		
State IL ZIP Code + 4 60188 - 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name LABORERS TRAINING & APPRENTICE FUND	APPRENTICE GRADUATION	BANQUET
Trade Name, if any:		44 - STANKOV COLORADO
P.O. Box, Bldg., Room No., if any		The state of the s
Street 1200 OLD GARY AVE.		
CILY CAROL STREAM		NUKNOWN
State \$L ZIP Code + 4 60188-4	12.a. Nature of interest held or income received.	Gallour -
21r code + 4 60188 - 1	GRADUATION CEREMONY AND FOR APPRENTICES WHO SUC	CESSEULIV
	COMPLETED 2 YEAR APPRE	NTICE
	PROLRAM	** : *********************************
		on other control
	12.b. Amount.	67.00
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	Ø .
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
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Name		V-141 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	• :	10 mm
Street		
City		
State ZIP Code + 4		The state of the s
	14.b. Amount of payment.	And a management of the control of t
13.b. Is the Business an Employer or Consultant ?	-	do not not not not not not not not not no